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## BIB DATA SHEET

CONFIRMATION NO. 3916

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/762,114    |                                  | 438   | 1792           | 02-IMP-005          |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a CIP of 10/702,368 11/06/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/24/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY                             | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance |                 |              |                    |
| Verified and<br>Acknowledged   | /RAKESH KUMAR<br>DHINGRA/<br>Examiner's Signature                   | Initials                                     | MA              | 10           | 17 <del>64</del>   |
|                                |   |  |                 |              | 3 <del>5</del>     |

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## TITLE

System and method for performing SIMOX implants using an ion shower

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1734 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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